



Individual Development Plan - IDP Orientation

Child's Name: _____ Birthdate: _____ Date of Enrollment: _____

Site: _____ AM PM HS SP Wrap FD Home-Based Teacher: _____

Teacher has reviewed:

Family Partnership Worksheet Health and Nutrition History

Past DRDP+ Assessment(s) (if applicable) IEP (if applicable)

Family Information: (i.e., family members in the home, cultural values, additional information):

Child's Strengths & Special Interests:

Parent/Guardian Concerns/Expectations:

~Educational/Cognitive:

~Social/Emotional/Behavioral:

~Physical (Motor Skills):

Suggestions for Parent Meetings:

Which of these describe your child?

Temperament (circle one):

Feisty (high activity, intense reactions)
Flexible (easily adapts, positive mood)
Cautious (slow to warm, needs time)

Learning Style (circle one):

Kinesthetic (learns by doing)
Auditory (learns by hearing)
Visual (learns by seeing)

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____